

CSU HEALTH INSURANCE APPEAL FORM

Students appealing a denied student insurance waiver should complete this form and return it to the student insurance office within 15 days of the date on the waiver denial letter

Please submit relevant written comments, documents, records and other information regardless of whether these materials were considered in the initial review. In addition to the appeal form, students will be required to provide the insurance plan in question. This plan must be written in English, converted to US dollars and must contain a schedule of benefits and a list of the policy exclusions.

SECTION A : Student Information

PLEASE SELECT:	Domestic Student		International Student	
LAST NAME	FIRST NAME	MI	STUDENT ID #	DATE OF BIRTH
EMAIL ADDRESS				
PHONE NUMBER				

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR INSURANCE POLICY:

NAME OF THE INSURANCE PROVIDER _____

INSURANCE PHONE NUMBER _____

DO YOU COVER OTHER FAMILY MEMBERS UNDER THIS POLICY

YES		NO	
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REASON YOUR APPLICATION FOR WAIVER WAS DENIED _____

PLEASE PROVIDE DOCUMENTATION AND FURTHER INFORMATION REGARDING WHY YOUR PLAN MEETS THE REQUIREMENTS:

You will be notified via email once your appeal has been processed. Please allow 20 business days for processing.

Office use only: Appeal Approved Appeal Denied

Date: _____